PATENT APPLICATION FEE DETERMINATION RECORD

Effective X40hor1, 2003

Application or Docket Number

10/089607

	_											
		CLAIMS A	S FILED - PART I (Column 1) (Co			SMALL ENTITY TYPE TYPE			NTITY	OR	OTHER	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	4		BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		-	X\$ \(\) =	1000	OR		110
INDEPENDENT CLAIMS			minus 3 =		*		-		}	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· ·
MULTIPLE DEPENDENT CLAIM P			<u> </u>		I		-	X43=	 	OR	λ86=	
L	·		·	·		السا		+145=		OR	+∂90=	
* If the difference in column 1 is less than zero, ente						column 2		TOTAL		OR	TOTAL	
	<i>B</i> °	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column					SMALL I	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 8	Minus	** 2	O	= `		x\$9=		OR	X\$(8=	į (
	Independent	* /	Minus	·*** <u>3</u>				X43=		OR	×26=	
L	FIRST PHESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		' T	+(45:=		OR	-370:=	
							1	TOTAL			TOTAL. ADDIT. FEE	
		(Column 1)	DIT. FEE		•							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		x\$9=		OR	×\$/8=	
AME	Independent	*	Minus	***		=	-	X43=	·	OR	×86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
		•						+145= TOTAL		OR	+290= TOTAL	
							AD	DIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS		(Colum		(Column 3)	ļ ,					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S .	Total	*	Minus	**		=		×\$9=	-	OR	X\$ 8=	
AME	Independent	*	Minus	***		=		x43=		OR	×86	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		-					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+3H6=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
7	he "Highest Num	ber Previously Paid	for" (Total or	Independe	nt) is the	highest numbe	r found	in the appi	ropriate box	in coli	umn 1.	